

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Hobson City Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>60</u> Number of HCV units: _____					
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Hobson City Housing Authority is to make available quality, affordable housing for low and moderate income persons in our community, through effective and efficient management of public funds. We will also with our residents and others in the community to improve enhance the quality of life of our residents and others in our communities.					

5.2	<p>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.</p> <ul style="list-style-type: none"> • PHA Goal: Expand the supply of assisted housing Objectives: <ul style="list-style-type: none"> ✓ <input type="checkbox"/> Apply for rental vouchers ✓ <input type="checkbox"/> Reduce public housing vacancies ✓ <input type="checkbox"/> Leverage private or other public funds to create additional housing opportunities ✓ <input type="checkbox"/> Acquire or build units or developments • PHA Goal: Improve the quality of assisted housing Objectives: <ul style="list-style-type: none"> ✓ <input type="checkbox"/> Improve public housing management (PHAS score) ✓ <input type="checkbox"/> Increase customer satisfaction ✓ <input type="checkbox"/> Concentrate on efforts to improve specific management functions ✓ <input type="checkbox"/> Increase the occupancy rate for Public Housing units ✓ <input type="checkbox"/> Maintain high reporting rate for 50058s for Section 8 and Public Housing ✓ <input type="checkbox"/> Renovate or modernize public housing units <p>HUD Strategic Goal: Improve community quality of life and economic vitality</p> <ul style="list-style-type: none"> • PHA Goal: Provide an improved living environment Objectives: <ul style="list-style-type: none"> ✓ <input type="checkbox"/> Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments ✓ <input type="checkbox"/> Implement public housing security improvements ✓ <input type="checkbox"/> Begin adding amenities to improve the quality of life for residents, such as air conditioning. <p>HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals</p> <ul style="list-style-type: none"> • PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: <ul style="list-style-type: none"> ✓ <input type="checkbox"/> Increase the number and percentage of employed persons in assisted families ✓ <input type="checkbox"/> Provide or attract supportive services to improve assisted recipients employability ✓ <input type="checkbox"/> Provide or attract supportive services to increase independence for the elderly or families with disabilities. <p>HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans</p> <ul style="list-style-type: none"> • PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives: <ul style="list-style-type: none"> ✓ <input type="checkbox"/> Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability ✓ <input type="checkbox"/> Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability ✓ <input type="checkbox"/> Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required ✓ <input type="checkbox"/> Undertake affirmative measures to ensure access to assisted housing in a suitable living environment regardless of age.
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>(a) There have not been any elements of the PHA Plan revised since HCHA last Annual Plan submission.</p> <p>(b) The public may obtain copies of the 5-Year and Annual PHA Plan from HCHA Main Office, located at 800 Armstrong Street, Hobson City, Alabama 36201.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Not applicable.</p>

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. SEE ATTACHMENT A
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. SEE ATTACHMENT A
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Based on census data there are about 878 people, 363 households, and 242 families residing in the town. There were 415 housing units at an average density of 379.5/sq mi (147.0/km ²). There were 363 households out of which 30.0% had children under the age of 18 living with them, 26.2% were married couples living together, 35.3% had a female householder with no husband present, and 33.1% were non-families. 29.8% of all households were made up of individuals and 10.5% had someone living alone who was 65 years of age or older. The average household size was 2.42 and the average family size was 2.99. The median income for a household in the town was \$17,589, and the median income for a family was \$20,368. Males had a median income of \$21,667 versus \$19,583 for females. The per capita income for the town was \$8,992. About 30.7% of families and 30.2% of the population were below the poverty line, including 42.7% of those under age 18 and 15.5% of those ages 65 or over. The Authority accepts applications for housing throughout the year. The waiting list averaged 85 applicants for all bedroom size units, with the greatest demand for two bedroom size units.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. As of 12/31/08 the Authority's adjusted occupancy percentage rate was 96.61%. The Authority's strategy for increasing its occupancy percentage will include: <ol style="list-style-type: none"> 1. Decrease vacant unit turnaround time, 2. Implement Marketing Plan, and 3. Implementing a Modernization Program. All other strategies as indicated under Strategies for Addressing Needs in the HUD approved 2008 PHA Annual Plan remain unchanged.

	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>(a) The Authority continues to implement measures for maintain affordable housing for eligible families and to search for additional opportunities to increase available housing for eligible families. .</p> <p>(b) There have not been any significant deviations or modifications.</p> <p>10.0</p> <p><u>PHA Plan’s Definition for Substantial Deviation/Significant Amendment</u> is as follows:</p> <p>Any action taken by the PHA that changes or modifies:</p> <ol style="list-style-type: none"> 1. Rent or admission policies or organization of the waiting list 2. The Capital Fund Program Plan either through the addition or deletion of items or projects from the list of planned activities or change in use of replacement reserves funds under Capital Funds; and 3. Planned demolition or disposition, designation, homeownership programs or conversion activities. <p>Exceptions to this definition will be made for any of the above actions that are made to reflect a change in HUD regulatory requirements.</p>
<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Attachment A – Responses for Items 8.1 and 8.2 of the PHA Plan

Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hobson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL 09P13350109 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$17,896			
3	1408 Management Improvements	\$10,000			
4	1410 Administration	8,948			
5	1411 Audit	\$3,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$3,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	\$16,639			
11	1465.1 Dwelling Equipment—Nonexpendable	\$15,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	5,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$89,483			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	\$10,000			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

Attachment A – Responses for Items 8.1 and 8.2 of the PHA Plan

Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hobson City Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL 09P13350109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009
X Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

Attachment A – Responses for Items 8.1 and 8.2 of the PHA Plan

Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Hobson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL 09P13350109 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406		\$17,896				
PHA-Wide	Management Improvements	1408		\$10,000				
PHA-Wide	Administration	1410		\$8,948				
PHA-Wide	Audit	1411		\$3,000				
PHA-Wide	Fees and cost	1430		\$3,000				
PHA-Wide	Install Fencing & Improve Landscaping	1450		\$10,000				
PHA-Wide	Install Handicap Ramps	1460	17	\$16,639				
PHA-Wide	Replace Ranges & Refrigerators	1465.1	30	\$15,000				
PHA-Wide	Install Playground & Equipment	1475	1	\$5,000				

Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

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Attachment A – Responses for Items 8.1 and 8.2 of the PHA Plan

Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: Hobson City Housing Authority			Grant Type and Number Capital Fund Program No: AL 09P13350109 Replacement Housing Factor No:				Federal FY of Grant: 2009
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	11/30/10			11/30/12			

Annual Statement/Performance and Evaluation Report **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Housing Authority of the Town of Hobson City Alabama	Grant Type and Number Capital Fund Program Grant No: AL09S13350109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009
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☐ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☒ Revised Annual Statement (revision no: 1)
☐ Performance and Evaluation Report for Period Ending:
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$ 5,693			
5	1411 Audit	1,544			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	71,624			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	30,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	5,000			
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Housing Authority of the Town of Hobson City Alabama	Grant Type and Number Capital Fund Program Grant No: AL09S13350109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009
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☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 1)
☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 113,861			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	\$ 83,000			

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of the Town of Hobson City Alabama		Grant Type and Number Capital Fund Program Grant No: AL09S13350109 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	Legal ads, accounting & clerical work	1410		\$ 5,693				
HA-WIDE	Audit of grant funds	1411		1,544				
HA-WIDE	Remodel bathrooms and adjacent areas	1460		71,624				
HA-WIDE	Remodel office and maintenance area	1470		30,000				
HA-WIDE	Relocations, while unit are remodeled	1495		5,000				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of the Town of Hobson City Alabama		Grant Type and Number Capital Fund Program Grant No: AL09S13350109 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Statu s of Wor k
				Original	Revised	Funds Obligated	Funds Expended	

Capital Fund Program Five-Year Action Plan					
I: SUMMARY					
PHA Name Hobson City HA				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2011 PHA FY:	Work Statement for Year 3 FFY Grant: 2012 PHA FY:	Work Statement for Year 4 FFY Grant: 2013 PHA FY:	Work Statement for Year 5 FFY Grant: 2014 PHA FY:
	Annual Statement				
HA wide		\$92,982	\$92,982	\$92,982	\$92,982
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

CAPITAL FUND PROGRAM FIVE-YEAR ACTION PLAN

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : __2011__ FFY Grant: PHA FY:			Activities for Year: __2012__ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories		Development Name/Number	Major Work Categories	Estimated Cost
SEE		1406	\$9,000		1406	\$9,000
ANNUAL	PHA Wide	1408 UPGRADE SO FT WA RE	\$5,000	PHA Wide	1408UPGRADE S OF T W AR E	\$5,000
Statement		1410	\$3,000		1410	\$3,000
		1411	\$5,000		1411	\$5,000
		1430	\$3,000		1430	\$3,000
	133-1	1460 install storm doors and energy efficient lighting	\$62,982	133-1	1460 install storm doors and energy efficient lighting	\$62,982
	PHA Wide	1475 Refrigerators	\$5,000	PHA Wide	1475 Refrigerators	\$5,000

Total CFP Estimated Cost			\$92,982			\$92,982

FUND PROGRAM FIVE-YEAR ACTION PLAN					
Part II: Supporting Pages—Work Activities					
Activities for Year : __2013__ FFY Grant: PHA FY:			Activities for Year: __2014__ FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories		Development Name/Number	Major Work Categories	Estimated Cost
	1406	\$9,000		1406	\$9,000
PHA Wide	1408UPGRADE SOFTWARE	\$5,000	PHA Wide	1408UPGRADE SOFTWARE	\$5,000
	1410	\$3,000		1410	\$3,000
	1411	\$5,000		1411	\$5,000
	1430	\$3,000		1430	\$3,000
133-1	1460 install storm doors and energy efficient lighting	\$62,982	133-1	1460 install storm doors and energy efficient lighting	\$62,982

<i>PHA Wide</i>	1475 Refrigerators	\$5,000	<i>PHA Wide</i>	1475 Refrigerators	\$5,000
	<i>VIII.</i>				
Total CFP Estimated Cost		\$92,982			\$92,982

Attachment A

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hobson City Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL 09P13350108 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$9,188.00			0
3	1408 Management Improvements	\$3,000			0
4	1410 Administration				
5	1411 Audit	\$5,000			0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$6,000			0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$62,388			0
11	1465.1 Dwelling Equipment—Nonexpendable	\$4,376			0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$89,952			0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hobson City Housing Authority			Grant Type and Number		Federal FY of Grant: 2008
			Capital Fund Program Grant No: AL 09P13350108		
			Replacement Housing Factor Grant No:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Hobson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL 09P13350108 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA wide	Operations	1406		\$9,188.00			0	
PHA wide	Management Improvements	1408		\$3,000			0	
PHA wide	Audit	1411		\$5,000			0	
PHA wide	Fees and cost	1430		\$6,000			0	
							0	
AL 133-1	Modernize units and Replace windows with double hung insulated windows	1460		\$62,388			0	
PHA wide	stove and refrigerators	1465.1		\$4,376			0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hobson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL 09P13350108 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule			
PHA Name: Hobson City Housing Authority	Grant Type and Number Capital Fund Program No: AL 09P13350108 Replacement Housing Factor No:		Federal FY of Grant: 2008

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Hobson City Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL 09P13350107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)

☒ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$5,000			
3	1408 Management Improvements	\$1,500			
4	1410 Administration	\$1,500			
5	1411 Audit	\$2,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$2,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$1,500			
10	1460 Dwelling Structures	\$76,879			
11	1465.1 Dwelling Equipment—Nonexpendable	\$1,500			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$91,879.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hobson City Housing Authority			Grant Type and Number		Federal FY of Grant: 2007
			Capital Fund Program Grant No: AL 09P13350107		
			Replacement Housing Factor Grant No:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
X Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Hobson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL 09P13350107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA wide	Operations	1406		\$5,000		0	0	
PHA wide	Management Improvements	1408		\$1,500		0	0	
PHA wide	Audit	1411		\$2,000		0	0	
PHA wide	Fees and cost	1430		\$2,000		0	0	
AL 133-1	Modernize units and Replace windows with double hung insulated windows	1460		\$76,879		0	0	
PHA wide	stove and refrigerators	1465.1		\$ 1,500		0	0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hobson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL 09P13350106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
X Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$9,000		\$9,000	0
3	1408 Management Improvements	\$3,000		\$3,000	0
4	1410 Administration	\$3,000		\$3,000	\$5,000
5	1411 Audit	\$3,000		\$3,000	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$3,000		\$3,000	0
8	1440 Site Acquisition				
9	1450 Site Improvement	\$5,760		\$5,760	0
10	1460 Dwelling Structures	\$58,000		\$58,000	\$54,755
11	1465.1 Dwelling Equipment—Nonexpendable	\$5,000		\$5,000	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$89,760			\$55,255
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hobson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL 09P13350106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the Town of Hobson City Alabama		Grant Type and Number Capital Fund Program Grant No: AL09S13350109 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$ 5,693			
5	1411 Audit	1,544			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	71,624			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	30,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	5,000			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 113,861			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the Town of Hobson City Alabama		Grant Type and Number Capital Fund Program Grant No: AL09S13350109 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures	\$ 83,000			

Attachment B

THE HOBSON CITY HOUSING AUTHORITY
POLICY ON
VIOLENCE AGAINST WOMEN ACT
AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005
PUBLIC LAW 109-162
ADOPTED 04/08/2008 BY RESOLUTION 2008-11

IMPLEMENTATION: ON JANUARY 5, 2006, PRESIDENT BUSH SIGNED INTO LAW AS PUBLIC LAW 109-162, THE VIOLENCE AGAINST WOMEN ACT (VAWA) AND THE DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005. SECTION 603 OF THE LAW AMENDS SECTION 5A OF THE U.S. HOUSING ACT (42 U.S.C. 1437C-1) TO REQUIRE THAT PHAS' FIVE YEAR AND ANNUAL PLANS TO CONTAIN INFORMATION REGARDING ANY GOALS, ACTIVITIES, OBJECTIVES, POLICIES, OR PROGRAMS OF THE PHA THAT ARE INTENDED TO SUPPORT OR ASSIST VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, SECTIONS 606 AND SECTION 607 AMEND THE SECTION 8 AND PUBLIC HOUSING SECTIONS OF THE U.S. HOUSING ACT (42 U.S.C. 1437F AND 1437D) TO PROTECT CERTAIN VICTIMS OF CRIMINAL DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AS WELL AS MEMBERS OF THE VICTIMS IMMEDIATE FAMILIES FROM LOSING THEIR HUD ASSISTED HOUSING AS A CONSEQUENCE OF THE ABUSE OF WHICH THEY WERE THE VICTIM.

THE VIOLENCE AGAINST WOMEN ACT (VAWA) PROHIBITS THE EVICTION OF, AND REMOVAL OF ASSISTANCE, FROM CERTAIN PERSONS LIVING IN PUBLIC OR SECTION 8 ASSISTED HOUSING IF THE ASSERTED GROUNDS FOR SUCH ACTION IS AN INSTANCE OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AS THOSE TERMS ARE DEFINED IN SECTION 3 OF THE UNITED STATES HOUSING ACT OF 1937.

POLICY: IT IS THE INTENT OF THE HOBSON CITY HOUSING AUTHORITY TO COMPLY WITH THE PROVISIONS OF THE IMPLEMENTATION OF THE VIOLENCE AGAINST WOMEN ACT (VAWA) AND THE DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005. THE HOBSON CITY HOUSING AUTHORITY MAKES A FIRM COMMITMENT THAT NO INDIVIDUAL WHO CLAIMS TO BE A VICTIM OF ABUSE UNDER THE VAWA WHO COMPLETES THE HA CERTIFICATION TO THE ALLEGED ABUSE, OR PROVIDES OTHER ACCEPTABLE DOCUMENTATION AS OUTLINES IN THE CERTIFICATION, AND COMPLIES WITH THE CONDITIONS OF THE CERTIFICATION, WILL BE EVICTED FROM PUBLIC HOUSING OR HAVE THEIR SECTION 8 ASSISTANCE TERMINATED. THE HOBSON CITY HOUSING AUTHORITY WILL ONLY TAKE ACTIONS TO HAVE THE PERSON COMMITTING THE VIOLENCE REMOVED FROM THE DWELLING LEASE OR SECTION 8 VOUCHER ASSISTANCE, FOR THE PROTECTION OF THE REST OF THE FAMILY OR IF THE PERSON IS NOT A PARTY TO THE HOUSEHOLD, BANNED FROM THE PREMISES.

STEPS TO BE TAKEN: UPON RECEIVING A COMPLAINT OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING MADE BY A TENANT, THE HOUSING AUTHORITY WILL HAVE THE TENANT TO COMPLETE CERTIFICATION FOR HUD-50066 (OR PROVIDE OTHER ACCEPTABLE DOCUMENTS IN LIEU OF THE CERTIFICATION) TO CERTIFY THAT THE ALLEGED INCIDENT OF ABUSE ARE BONA FIDE AND AGREES TO HAVE THE ALLEGED ABUSED REMOVED FROM THE PUBLIC HOUSING DWELLING LEASE AND / OR SECTION 8 VOUCHER ASSISTANCE OR IF THE PERSON IS NOT ON THE LEASE, BANNED FROM THE PREMISES.

IF THE OFFENDER IS A PARTY TO THE LEASE, THE TENANT-VICTIM WILL BE ADVISED THAT THE TENANT-OFFENDER IS STILL LEGALLY ON THE LEASE / SECTION 8 ASSISTANCE, AND CAN NOT BE REMOVED WITHOUT A COURT ORDER. THE HOUSING AUTHORITY WILL REFER THE TENANT-VICTIM TO A DOMESTIC VIOLENCE SHELTER, ALLOW THE TENANT-VICTIM AND REMAINING FAMILY MEMBERS TO RELOCATE FOR SAFETY REASONS TO ANOTHER PUBLIC HOUSING DEVELOPMENT MANAGED BY THE HOUSING AUTHORITY OR IF THE TENANT IS ON SECTION 8, ISSUE THE PARTICIPATING FAMILY A VOUCHER, WHICH WILL ALLOW FOR RELOCATION.

ONCE DOMESTIC VIOLENCE DOCUMENTATION IS PROVIDED AND CERTIFIED TO, BY A TENANT OF THE ALLEDGED ABUSE, THE HOUSING AUTHORITY WILL START ACTIONS TO HAVE THE TENANT-OFFENDER EVICTED FROM THE PREMISES BY ISSUING A FOURTEEN (14) DAY NOTICE OF EVICTION, HAND DELIVERED TO THE TENANT-OFFENDER. THE NOTICE WILL STATE THE REASON FOR THE EVICTION IS FOR DOMESTIC VIOLENCE AND CRIMINAL ACTIVITY THAT INTERFERES WITH AND THREATENS THE HEALTH, SAFETY, OR RIGHT TO PEACEFUL ENJOYMENT OF THE PREMISE OF OTHER RESIDENTS. UPON EXPIRATION OF THE FOURTEEN (14) DAY NOTICE, IF THE TENANT-OFFENDER HAS NOT VACATED THE PREMISES, A CIVIL ACTION FOR EVICTION WILL BE INSTITUTED BY THE HOUSING AUTHORITY TO HAVE THE TENANT-OFFENDER REMOVED.

THE TENANT-VICTIM WILL BE ADVISED THAT THEY CAN ALSO GO TO THE COURTS AND ASK FOR AN INJUNCTION UNDER THE STATE LAWS GOVERNING DOMESTIC VIOLENCE TO REMOVE THE OFFENDING PERSON FROM THE UNIT. THIS WILL IMMEDIATELY REMOVE THE TENANT-OFFENDER FROM THE UNIT WHILE THE HOUSING AUTHORITY EVICTS THE TENANT-OFFENDER FROM THE LEASE. ONCE THE TENANT-OFFENDER IS REMOVED FROM THE LEASE, THE TENANT WILL BE ADVIES THAT THE TENANT-OFFENDER MAY NOT BE ALLOWED BACK ON THE PREMISES AND IF SO ALLOWED WOULD BE IN VIOLATION IF THEIR LEASE AND COULD BE TERMINATED FOR THIS.

OBJECTIVE ONE: TO INFORM ALL PUBLIC HOUSING AND SECTION 8 HOUSEHOLDS OF THE REQUIREMENTS OF THE VIOLENCE AGAINST WOMEN ACT (VAWA), THE HA WILL GO OVER THE VAWA WITH ALL PARTICIPANTS DURING ORIENTATION, INITIAL LEASE-UP, AND AT EACH ANNUAL RECERTIFICATION THEREAFTER. EACH HOUSEHOLD WILL BE INFORMED OF THE REQUIREMENTS TO COMPLETE AND SUBMIT A CERTIFICATION, OR OTHER INFORMATION THAT MAY BE PROVIDED IN LIEU OF THE CERTIFICATION IF THEY ARE A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING. TENANT WILL BE INFORMED THAT BY SUBMITTING THE REQUIRED CERTIFICATION EACH QUALIFIED TENANT AND FAMILY MEMEBRS WILL BE PROTECTED FROM BEING EVICTED FROM PUBLIC HOUSING OR TERMINATED FROM THE SECTION 8 HOUSING PROGRAMS BASED ON ACTS OF SUCH VIOLENCE AGAINST THEM PROVIDED THE PERSON COMMITTING THE VIOLENCE IS REMOVED FROM THEIR LEASE OR SECTION 8 VOUCHER ASSISTANCE. EACH PARTICIPANT WILL BE REQUIRED TO SIGN A NOTICE THAT THEY WERE INFORMED OF THE VAWA AND THE REQUIREMENTS THAT MUST BE MET.

OBJECTIVE TWO: TO ENSURE THAT ALL SECTION 8 LANDLORDS ARE MADE AWARE OF THE REQUIREMENTS OF THE VAWA. THE HA WILL MAIL ALL CURRENT LANDLORDS A NOTICE EXPLAINING THE REQUIREMENTS OF VAWA. ALL NEW LANDLORDS COMING UNDER THE SECTION 8 PROGRAM WILL BE EXPLAINED THE VIOLENCE AGAINST WOMEN ACT PRIOR TO BEING ON THE PROGRAM. EVERY LANDLORD MUST SIGN THE NOTICE DOCUMENTING THAT THE HOUSING AUTHORITY HAS INFORMED THE LANDLORD OF THE REQUIREMENTS TO COMPLY WITH THE VAWA AND THAT ALL HOUSING ASSISTANCE PAYMENT CONTRACTS EXECUTED WILL CONTAIN THE VAWA LANGUAGE.

PROGRAM PLANS: TO WORK IN CONJUNCTION WITH OTHER STATE AND LOCAL AGENCIES SUCH AS THE LOCAL POLICE DEPARTMENT, SOCIAL SERVICE AGENCIES, PROVIDERS OF DIRECT SERVICES, DOMESTIC VIOLENCE SHELTERS AND THE COMMUNITY AT LARGE TO DEVELOP EFFECTIVE STRATEGIES, SERVICES, EDUCATION AND PREVENTION PROGRAMS TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING.